

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Curtis McDaniel

Write the full name of each plaintiff.

No. **19 cv 7680**

(To be filled out by Clerk's Office)

-against-

The People of The
State of New York

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: False Imprisonment and wrongful prosecution

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Curtis

First Name

O

Middle Initial

McDaniel

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

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Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

18-18 Hazen St

Institutional Address

E. Elmhurst

County, City

N.Y.

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 100 Center Street, N.Y. N.Y 10007

Date(s) of occurrence: 6/21/2018

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was arrest in court one month after the incident complaint I was beat up and hit with a stun gun. The complaint was done by a brother man saying we had a fight. I suffered injuries to the face and head do the multiple punches during the fight and the assalt. Called the police while I was going to leave the apartment and I was all recorded on a police call. 3 month later I was arrested in court on a nothe criminal case and was beat up by the police hit with a stun gun and sent to the hospital. The case was dismissed do to Speedy trial provisions by judge th

Vexatious Litigation

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was taken to belkiam and stung gun metal prongs where pulled out of me. I had punch and knee strikes to the face that where unreported and was rape in a cloth with I have asthma and take to the hospital discomfort injury to health, my money wasn't vouche in the right amount arrest from court

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

My property was broken phone screen cracked chain popped cloth ripped sneakers destroyed

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

05/22/19
Dated

Curtis
First Name

O
Middle Initial

McDermie
Plaintiff's Signature
Last Name

18-18 Hazen Street
Prison Address

E. Elmhurst
County, City

N.Y.
State

1170
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

THE PEOPLE OF THE STATE OF NEW YORK
VS

MAILED

Pursuant to Section 100.50 of the